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Complete and send t	his form, together wit	h applicable fe	e(s), to: <u>M</u> or <u>F</u>	P.O. Box 145 Alexandria, V	r for Patents 0 Virginia 22313-1450		
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 10/05/2004				Fee(s) Transmittal papers. Each addi	e of mailing can only be used I. This certificate cannot be used tional paper, such as an assignman ficate of mailing or transmission	I for any other accompanying nent or formal drawing, must	
Milton S. Sales Patent Legal Staff Eastman Kodak Co 343 State Street Rochester, NY 146	F.		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name)				
2/28/2004 MMEKONE1 00000084 050225 10650556 1 FC:1501 1400.00 DA				The	Centre 21	Signature) Out (Date)	
2 FC:1504 300. APPLICATION NO.	00 DA FILING DATE		TRST NAME	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/650,556					86650NAB	7603	
FITLE OF INVENTION: A	UTOSTEREOSCOPIC DISI	PLAY FOR MULT	IPLE VIEW	ERS			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370		\$300	\$1670	01/05/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
SEVER, ANDREW T			2851 353-007000				
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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343 STATE STREET, ROCHESTER, N\' 14650-2201 Please check the appropriate assignee category or categories (will not be printed on the patent):							
4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies (enclose an extra copy of this form).							
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Authorized Signature Mark J. Bouchetti YPC Date 12/20/04							
Typed or printed name Mark G. Bocchetti					Registration No. 31, 330		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							
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